STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR BEHAVIORAL HEALTH

BUREAU OF MENTAL HEALTH SERVICES

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September 10, 2018

Philip Wyzik, CEO
Monadnock Family Services
64 Main Street, 2nd Floor
Keene, NH 03431

Dear Mr. Wyzik,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Monadnock Family Services. This review took place from August 21, 2018 through August 22m 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

MFS is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item for the purpose of your Quality Improvement Plan. Once your QIP is complete you may identify 3 items to focus on for the purpose of progress report tracking and quarterly reporting. Your center may choose to focus on all items as well. Please address these in a QIP to my attention, via e-mail, by the close of business on October 10, 2018.

- Human Resources Structure and Composition
  - H5: Continuity of Staffing
  - H9: Substance Abuse Specialist on Team
  - H10: Vocational Specialist on Team
- Organizational Boundaries
  - O4: Responsibility for Crisis Services
  - O7: Time Unlimited Services
- Nature of Services
  - S5: Frequency of Contact
  - S8: Co-occurring Disorder Treatment Groups
  - S9: Co-occurring Disorders (Dual Disorders) Model

Thank you to all of the MFS staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,

Lauren Quann, MS
Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
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LAQ/laq

Enclosures: MFS ACT Fidelity Review SFY 2019
CC: Karl Boisvert, Diana Lacey, Julianne Carbin, Susan Drown

Assertive Community Treatment Fidelity Assessment

Monadnock Family Services

On Site Review Dates: August 21st & August 22nd, 2018

Final Report Date: September 7, 2018

David Lynde, LICSW
Dartmouth-Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth-Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

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ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted an ACT Fidelity Review with Mondanock Family Services (MFS) on August 21st and 22nd, 2018. The MFS ACT team is based out of Keene, NH.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the MFS staff in developing and providing these activities as part of ACT fidelity review process.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Prescriber, ACT Nurse, ACT Peer Support Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Meeting with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

KEY
☑ = In effect
☐ = Not in effect

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	The ACT team client to team member ratio is 8:1. *Item formula*: Number of clients presently served Number of FTE staff 57 7.05 = 8.1	
H2	Team Approach	5	☑ The provider group functions as a team, and team members know and work with all clients 100% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks	
H3	Program Meeting	4	The ACT team meets twice per week and reviews all clients on Tuesdays and Thursdays. The ACT team also meets on Mondays to develop and plan the weekly schedule, Wednesdays for in depth case presentations, and Fridays to address ACT staff self-care and team building. Every other Tuesday, the ACT team meets for an extra hour to address training needs.	The ACT Team would benefit from reviewing all clients for all of the scheduled ACT team meetings, 5 days per week. Reviewing each client would create more focus and better continuity of care.

#	Item	Rating	Rating Rationale	Recommendations
H4	Practicing ACT Leader	5	The ACT supervisor provides direct client services at least 50% of the time	
H5	Continuity of Staffing	3	The turnover rate for the ACT team in the past 2 years is 52%. *Item formula*: # of staff to leave X 12 Total # of positions # of months = Turnover rate 18 X 12 17 24 = 0.52	The agency might consider setting up a way to gather feedback from their current ACT Team staff to find out reasons they stay on the ACT Team (retention interviews). The agency might also want to consider gathering data about why staff have left the ACT Team via exit interviews to identify any potential areas for improvement. Staff continuity can also be improved by having a strong team connection. The ACT Team might consider making time for team building. Ideas include monthly celebrations and annual retreat.
H6	Staff Capacity	`4	On average, the ACT team operated at 84% of full staffing in the past 12 months. *Item formula*: 100 x (sum of vacancies / month) Total # of staff positions x 12 = % of absent positions 100 X 32 17 X 12 = 15.7% vacancy rate	The ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT Team coverage requires minimal position vacancies.
H7	Psychiatrist on Team	5	The ACT team has 2 prescribers; 1 MD assigned 0.4 FTE to the ACT team, & 1 APRN assigned .25 FTE to the ACT team, combined serving 57 ACT clients. *Item formula*: 0.65 X 100 57 = 1.1 per 100 clients	

#	Item	Rating	Rating Rationale	Recommendations
H8	Nurse on Team	5	The ACT team has 2 nurses; 1 is assigned 0.25 FTE to the ACT team, and the other is assigned 1.0 FTE to the ACT team. Combined they serve 57 ACT clients. *Item Formula*: FTE value x 100 Number of clients served = FTE per 100 clients 1.25 X 100 57 = 2.2 per 100 clients	
H9	Substance Abuse Specialist on Team	3	The ACT Substance Abuse Specialist is assigned 0.66 FTE on the ACT team, serving 57 ACT clients. *Item formula*: FTE value x 100 Number of clients served = FTE per 100 clients .66 X 100 57 = 1.15 per 100 clients	Given the size of the ACT Team, the agency should explore ways to increase the SAS time to at least 1.2 FTEs, and more if the number of clients served increases. While there was a person identified in the SAS role, multiple services from this person were not Co-occurring Disorder individual or group counseling services. According to multiple sources, the majority of this person's services are FSS, case management, and housing services, while many clients identified with CODs were frequently not receiving specialized COD treatment. Given the limited SAS time allocation on the ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the COD treatment model.

#	Item	Rating	Rating Rationale	Recommendations
H10	Vocational Specialist on Team	1	The ACT team currently does not have a Vocational Specialist. These services are currently be covered as needed temporarily by a vocational practitioner assigned to other teams.	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to employment services provided directly by the ACT Team. Given the size of the ACT Team, the agency should hiring increasing the Vocational time to 1.2 FTEs, and more if the number of clients served increases. It is worth noting the ACT team currently has 1 open ACT vacancy for a Vocational Specialist. The ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting an ACT Vocational Specialist.
H11	Program Size	4	There are currently 7.7 FTE staff assigned to the ACT team.	The ACT Team Leader and the agency should explore ways to increase the Program Size by increasing the FTEs for the Vocational Specialist, Nurse, Substance Abuse Specialist, and Peer Specialist positions (Please see items H8 through H10 and S10). Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.
O1	Explicit Admission Criteria	4	☑ The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals ☑ The ACT team actively recruits a defined population and all cases comply with explicit admission criteria	The agency should take steps to assure the ACT Team Leader has the authority to review each referral and only admit cases to the ACT team that comply with the ACT Team's explicit admission criteria.

#	Item	Rating	Rating Rationale	Recommendations
			☐ Does not bow to organizational pressure to take new ACT clients	
O2	Intake Rate	5	The highest monthly intake rate in the last 6 months for the ACT team is no greater than 6 clients per month.	
O3	Full Responsibility for Treatment Services	4	The ACT team provides the following services: ☑ Medication prescription, administration, monitoring, and documentation / Psychiatric ☑ Counseling / individual supportive therapy ☐ Housing support ☑ Substance abuse treatment ☐ Employment or other rehabilitative counseling / support The ACT Team does not currently provide vocational services by an ACT team member. Vocational services is currently being provided by a covering, non-ACT MFS provider. The ACT team has a current ACT Vocational Specialist vacancy. The ACT Team currently serves 8 ACT clients who reside in Emerald Street group home, which is 14% of the active ACT clients or more than 90% brokered Housing Support services.	It is imperative that all ACT clients have access to all comprehensive services, including housing support and employment services. Clients benefit most when services are integrated into a single team, rather than when they are referred to other service providers. It is worth noting that currently a non-ACT practitioner is assisting with employment services, and the ACT team is currently recruiting for an open Vocational Specialist position. Please see recommendation in item H10. As described in the ACT protocol, clients that reside in a group home are being provided housing support by the group home staff; thus, duplicating the types of individual flexible and intensive housing support services that are a key feature of ACT teams. The ACT team should carefully evaluate if the clients residing in the group home have needs that can be met by intensive services outside of ACT, or if the clients currently living in the group home might be able to live more independently with intensive housing supports from the ACT team.

#	Item	Rating	Rating Rationale	Recommendations
O4	Responsibility for Crisis Services	3	☐ ACT is the first line of crisis intervention for ACT clients 24 hours / day ☐ If the ACT team is not the first line of crisis, Emergency Services consistently calls the ACT team The ACT team crisis coverage is as follows: During weekdays, ACT clients can either call the ACT Team directly or utilize Emergency Services to get in touch with the ACT team. On some weekends and on some evenings, excluding overnight hours, ACT has one practitioner who meets with clients and answers ACT client phone calls. Afterhours, Emergency Services answers calls from ACT clients. Emergency Services does not call the ACT team consistently.	The ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
O5	Responsibility for Hospital Admissions	4	According to the charts reviewed and ACT team member reports, the ACT team is involved in approximately 90% of hospital admissions.	The ACT Team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in hospital admissions. The ACT team might be more involved in admissions if 24/7 crisis coverage is available from ACT team members.
O6	Responsibility for Hospital Discharge Planning	4	According to the charts reviewed and ACT team member reports, the ACT team is involved in approximately 90% of hospital discharges.	The ACT Team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge.

#	Item	Rating	Rating Rationale	Recommendations
O7	Time-unlimited Services	3	According to ACT staff reports and data reviewed, approximately 18% of ACT clients are expected to graduate annually.	It is important the ACT Team develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care. It is also important that all ACT team members are aware of ACT services being provide in a consistent and ongoing manner for clients who need those services. The ACT Team Leader might also want to consider carefully tracking appropriateness of referrals into the ACT Team.
S1	Community-based Services	4	According to the data reviewed, the ACT team provided face-to-face community-based services 74% of the time	It would be worthwhile for the ACT Team Leader to run occasional reports that provide feedback to team members on the percentage of time services are provided in the community.
S2	No Drop-out Policy	5	96% of the ACT team caseload was retained over a 12-month period. *Item formula*: # discharged, dropped, moved w/out referral Total number of clients = Drop-out rate 2 57 = .035 or 4% drop out rate	The ACT Team should closely monitor the rate and reasons that clients drop out of services to ensure that multiple active engagement strategies are used with clients who are challenging to engage.
S3	Assertive Engagement Mechanisms	4	The ACT team demonstrates well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement on most occasions. The ACT team appears not to utilize family supports as an outreach mechanism.	It would be useful for the ACT Team Leader to develop a protocol list of outreach and engagement strategies that should be used by team members to engage clients who are hesitant about ACT services. It would be useful to review clients who need outreach strategies on a regular basis during ACT Team meetings. The team might also consider looking at ACT clients' natural supports as an outreach mechanism.

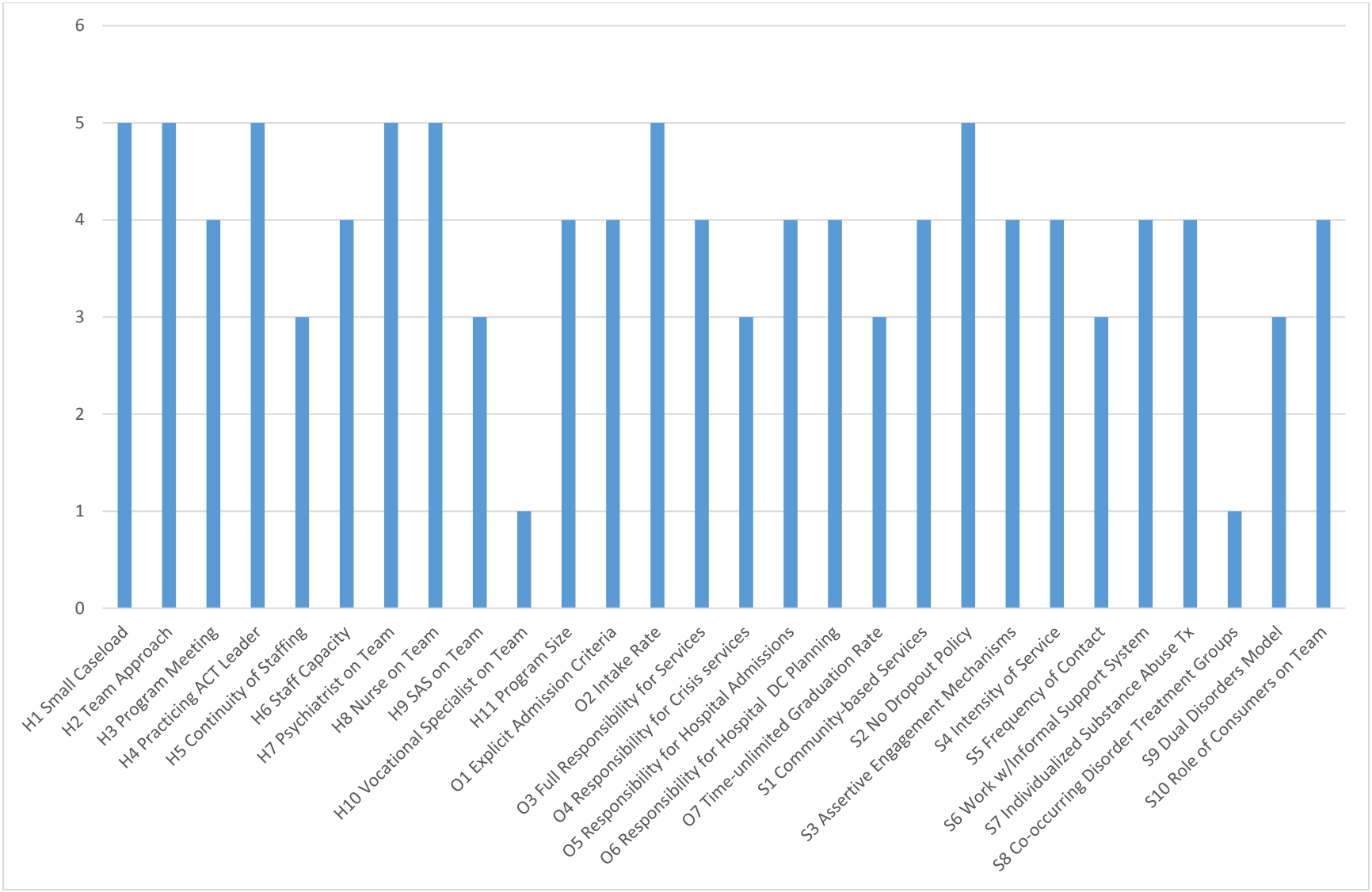
#	Item	Rating	Rating Rationale	Recommendations
S4	Intensity of Services	4	According to the data reviewed, the ACT team averages 89 minutes of face-to-face contacts per week.	It may be useful for the ACT Team Leader to provide specific feedback to ACT Team staff on the amount of service hours per week provided to specific ACT clients. High service intensity is often required to help clients maintain and improve their functioning in the community by supporting them to develop and achieve personal recovery goals.
S5	Frequency of Contact	3	According to a month-long period reviewed, the ACT team averages 2.75 face-to-face contacts per week.	It might be useful for the ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support, as well as is associated with improved client outcomes.
S6	Work with Support System	4	For 57 clients, the ACT team averages 2.5 contacts per month with the client's informal support system in the community, according to the data reviewed. *Item formula*: Contact# / month X clients w/networks Total # of clients on team 4 X 35 57 = 2.5 contacts per month	Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community. It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.

#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	4	According to the data reviewed, ACT clients with Co-Occurring Disorders average 22 minutes per week or more in formal substance abuse counseling. *Item formula*: Sum of COD session mins / (# of SAS clients reviewed w/ COD X 4 weeks) = average mins / week 2 X 215 / 5 4 = 21.5 minutes / week	While there was a person identified in the SAS role, multiple services from this person provided were not specialized COD services, and the vast majority of services provided by the designated SAS was case management, FSS, and/or housing. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the COD treatment model. Given the limited SAS time allocation on the ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing individual and group Substance Abuse Treatment, as well as providing education and consultation to the team regarding the Co-Occurring Disorders treatment model. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs.
S8	Co-occurring Disorder Treatment Groups	1	There is not currently a group provided for clients who have a co-occurring disorder.	Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Given the limited SAS time allocation on the ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing COD treatment groups. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs, including providing COD groups. The designated SAS should be exclusively providing individual and group substance abuse services.

#	Item	Rating	Rating Rationale	Recommendations
S9	Co-occurring Disorders (Dual Disorders) Model	3	ACT Team appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. Though the SAS seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be some consistent strategies from some staff on the team for working with clients with co-occurring disorders in different stages of change. Some clients who are identified with a COD are referred to services outside of the ACT team for COD services, such as Phenoix House, Farnum Center, Brattleboro Retreat, MFS SUD program, and Adcare	The ACT Team Leader and the SAS should take a Leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings. The ACT team might use some of the scheduled Tuesday training times to focus on COD strategies for clients on the ACT team. Increasing the SAS time would be one critical step to meeting the needs of ACT Team clients with co-occurring disorders and assuring the ACT Team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
S10	Role of Peer Specialist on Team	4	☑ The ACT team has a consumer that has full professional status ☐ The consumer is employed full time on the ACT team	Having a full time ACT Peer Specialist on the ACT Team would be a critical step to meeting the complete duties of an ACT Peer Specialist. It is worth noting the ACT Team is currently recruiting for a part time ACT Peer Specialist. The ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting a Peer Specialist.

MFS ACT Score Sheet	
Items	**Rating 1 -5**
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	4
H4 Practicing ACT Leader	5
H5 Continuity of Staffing	3
H6 Staff Capacity	4
H7 Psychiatrist on Team	5
H8 Nurse on Team	5
H9 SAS on Team	3
H10 Vocational Specialist on Team	1
H11 Program Size	4
O1 Explicit Admission Criteria	4
O2 Intake Rate	5
O3 Full Responsibility for Services	4
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital DC Planning	4
O7 Time-unlimited Graduation Rate	3
S1 Community-based Services	4
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	4
S4 Intensity of Service	4
S5 Frequency of Contact	3
S6 Work w/Informal Support System	4
S7 Individualized Substance Abuse Treatment	4
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	4
Total	107

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT


MFS ACT Items 2018
6
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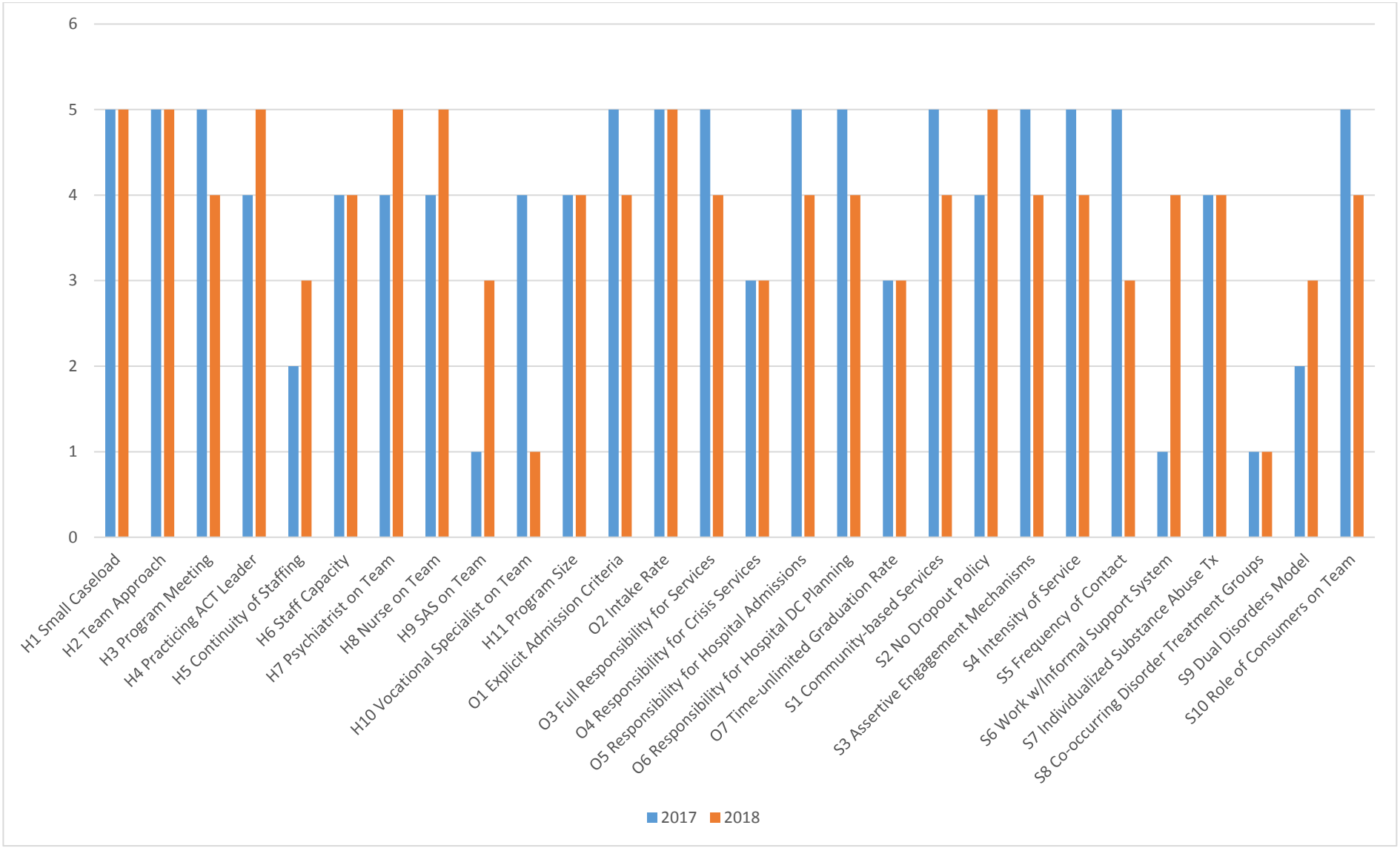
H1 Small Caseload
H2 Team Approach
H3 Program Meeting
H4 Practicing ACT Leader
H5 Continuity of Staffing
H6 Staff Capacity
H7 Psychiatrist on Team
H8 Nurse on Team
H9 SAS on Team
H10 Vocational Specialist on Team
H11 Program Size
O1 Explicit Admission Criteria
O2 Intake Rate
O3 Full Responsibility for Services
O4 Responsibility for Crisis services
O5 Responsibility for Hospital Admissions
O6 Responsibility for Hospital DC Planning
O7 Time-unlimited Graduation Rate
S1 Community-based Services
S2 No Dropout Policy
S3 Assertive Engagement Mechanisms
S4 Intensity of Service
S5 Frequency of Contact
S6 Work w/Informal Support System
S7 Individualized Substance Abuse Tx
S8 Co-occurring Disorder Treatment Groups
S9 Dual Disorders Model
S10 Role of Consumers on Team

MFS ACT Year Comparisons	2017	2018
H1 Small Caseload	5	5
H2 Team Approach	5	5
H3 Program Meeting	5	4
H4 Practicing ACT Leader	4	5
H5 Continuity of Staffing	2	3
H6 Staff Capacity	4	4
H7 Psychiatrist on Team	4	5
H8 Nurse on Team	4	5
H9 SAS on Team	1	3
H10 Vocational Specialist on Team	4	1
H11 Program Size	4	4
O1 Explicit Admission Criteria	5	4
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	4
O4 Responsibility for Crisis Services	3	3
O5 Responsibility for Hospital Admissions	5	4
O6 Responsibility for Hospital DC Planning	5	4
O7 Time-unlimited Graduation Rate	3	3
S1 Community-based Services	5	4
S2 No Dropout Policy	4	5
S3 Assertive Engagement Mechanisms	5	4
S4 Intensity of Service	5	4
S5 Frequency of Contact	5	3
S6 Work w/Informal Support System	1	4
S7 Individualized Substance Abuse Tx	4	4
S8 Co-occurring Disorder Treatment Groups	1	1
S9 Dual Disorders Model	2	3
S10 Role of Consumers on Team	5	4
Total	110	107


MFS ACT 2017 & 2018 Items
6
5
4
3
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H1 Small Caseload
H2 Team Approach
H3 Program Meeting
H4 Practicing ACT Leader
H5 Continuity of Staffing
H6 Staff Capacity
H7 Psychiatrist on Team
H8 Nurse on Team
H9 SAS on Team
H10 Vocational Specialist on Team
H11 Program Size
O1 Explicit Admission Criteria
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O3 Full Responsibility for Services
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O5 Responsibility for Hospital Admissions
O6 Responsibility for Hospital DC Planning
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S1 Community-based Services
S2 No Dropout Policy
S3 Assertive Engagement Mechanisms
S4 Intensity of Service
S5 Frequency of Contact
S6 Work w/Informal Support System
S7 Individualized Substance Abuse Tx
S8 Co-occurring Disorder Treatment Groups
S9 Dual Disorders Model
S10 Role of Consumers on Team
2017
2018

CMHC ACT Quality Improvement Plan: Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Continutity of Staffing

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 4

Target Completion Date: 4/20/2018

Improvement Strategies (select all that apply)**:** Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Decrease vacancies and improve staff retention by working with the MFS human resources department on recruitment	Decrease turnover rate to improve staff retention	11/10/2018	4/1/19	Jinsook Song
2	Exit interviews will be used to identify areas of concern regarding reasons people leave, and to gather feedback regarding staff employment experience	ACT will work with HR to track attrition rates to varify progress	11/10/2018	4/1/19	Jinsook Song
3	Team meeting time will be used to assess team morale and to identify resources that will improve employee work experience.	ACT will work with HR to track attrition rates to varify progress - ACT will create a staff satisfaction survey eevery three months to measure progress	11/10/2018	4/1/19	Jinsook Song
4					
5					
6					
7					
8					

CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: SAS on Team

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 4

Target Completion Date: 4/20/2018

Improvement Strategies (select all that apply)**:** Practice Change | Workforce Development | Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Hire a BA level ACT Mental Health Professional to assist the current substance abuse specialist so that functional support needs do not interfere with substance abuse focus	The current substance abuse therapist will be able to concentrate specialized services to dual-diagnosed individuals	10/1/2018	4/1/19	Jinsook Song
2	The ACT team leader will ensure that the substance abuse specialist's role on the team remains focused on primary role of providing dual-diagnosis services	The current substance abuse therapist will be able to concentrate specialized services to dual-diagnosed individuals – this will be measured by tracking, and increasing the number of substance abuse specific services provided by the substance abuse specialist on staff.	10/1/2018	4/1/19	Jinsook Song
3					
4					
5					
6					
7					
8					

CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Vocational Specialist on Team

Fidelity Baseline Score: 1

SECTION II

Improvement Target Score: 4

Target Completion Date: 4/20/2018

Improvement Strategies (select all that apply)**:** Workforce Development

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Hire a full time FTE for recently vacated position (half time position has already been filled)	The ACT team will consistently retain a supported employment specialist on staff	10/1/2018	2/1/19	Jinsook Song/MFS Human Resources Department
2	Decrease vacancies and improve staff retention by working with the MFS human resource department on recruitment.	The ACT team will consistently retain a supported employment specialist on staff	10/1/2018	2/1/19	Jinsook Song/MFS Human Resources Department
3	ACT will have a full time position hired through advertising, job fairs and other marketing initiatives.	The ACT team will consistently retain a supported employment specialist on staff	10/1/2018	2/1/19	Jinsook Song/MFS Human Resources Department
4	MFS will increase marketing efforts by attending job fairs, developing a recruitment video to better target potential employment possibilities.	The ACT team will consistently retain a supported employment specialist on staff	10/1/2018	2/1/19	Jinsook Song/MFS Human Resources Department
5					
6					
7					
8					

CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Responsibility for Crisis Services

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 5

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply)**:** Practice Change | Workforce Development | Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The Act Team will develop a more robust 24/7 crisis response capability by increasing coverage, changing staffing patterns, and developing an on-call rotation system.	The ACT team will be able to respond to client needs on a 24/7 basis.	10/1/2018	4/1/19	Jinsook Song
2	Calls to ACT from community providers and emergency services will be handled by an ACT 24/7 on-call system.	Team meetings will be used to ensure that all ACT clients are aware of the teams 24/7 response protocols – team meetings will also be used to identify and address any instances where the protocols were not implemented or successful.	10/1/2018	4/1/19	Jinsook Song
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CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/18

SECTION I

Fidelity Indicator in Need of Improvement: Time Unlimited Graduation Rate

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 5

Target Completion Date: 4/1/2018

Improvement Strategies (select all that apply)**:** Process Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The ACT team supervisors will review current fidelity standards related to time-unlimited services to make sure all staff members and team providers are aware of the standards and measurements used to determine graduation readiness.	The ACT team will use clinical and psychosocial assessments and consumer participation in planning graduation. Criteria wil include measures from annual assessments, hospitalization data, medication adherence and consistence attendance at provider appointments	10/1/2018	1/1/19	Jinsook Song/Glen Lawrence, Program Director/Marianne Marsh,Medical Director
2	Team meetings will be used to review and assess the appropriateness of potential referrals to ensure that potential referrals are appropriate for ACT.	Ongoing review and assessment of ACT criteria. Potential clients will be assessed by the ACT team and the ACT psychiatrist to ensure ACT criteria are met.	10/1/2018	1/1/19	Jinsook Song/Glen Lawrence, Program Director/Marianne Marsh,Medical Director
3	The MFS legibility form currently used in the MFS medical record will be reviewed on a regular basis with ACT staff to ensure that staff fully	Ongoing review and assessment of ACT criteria.	10/1/2018	1/1/19	Jinsook Song/Glen Lawrence, Program Director/Marianne
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CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Frequency of Contact

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 5

Target Completion Date: 4/1/2018

Improvement Strategies (select all that apply)**:** Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The ACT team will improve frequency of contact by ensuring that all contact are captured in progress notes and other documentation.	Reporting data will accurately reflect services provided.	10/1/2018	2/1/2019	Jinsook Song
2	The ACT team will work with the MFS information technology in order to generate more frequent reports regarding frequency of contact.	2 x pr month tracking data will be reviewed to ensure that contacts are consistent with need assessments identified in intake assessments, and needs identified in the daily team meeting	10/1/2018	2/1/2019	Jinsook Song
3	Team meeting time will be used to ensure that frequency of contact is consistent with client needs as identified in assessments and treatment plans.	Frequency of contact with be consistent with client need. EMR reports will be generated twice per month to ensure that the number of contacts per week meet expected contact targets	10/1/2018	4/1/2019	Jinsook Song
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CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Co-occurring DO TX Groups

Fidelity Baseline Score: 1

SECTION II

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply)**:** Practice Change | Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT will hire a dual-diagnosis substance abuse ACT Mental Health Professional to ensure that there are enough staff to assist our Substance Abuse Specialist in running groups – this person will work along-side our substance abuse specialist to assist in recruitment and running groups.	The ACT team will develop and implement an active Dual-Diagnosis group by 1/2019	10/1/2018	4/1/19	Jinsook Song
2	All ACT staff will be trained in Motivation Interviewing and Stages of Change strategies to improve attendance in groups.	The ACT team will develop and implement an active Dual-Diagnosis group. ACT staff 1/2019	10/1/2018	4/1/19	Jinsook Song
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CMHC ACT Quality Improvement Plan

Monadnock Family Services

Date of Final ACT Fidelity Report: 09/07/18 **Current Date:** 11/16/2018

SECTION I

Fidelity Indicator in Need of Improvement: Dual Disorders Model

Fidelity Baseline Score: 2

SECTION II

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply)**:** Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The ACT team will receive comprehensive training in dual disorders treatment and service delivery. ACT staff will develop core-competencies in the areas of motivation interviewing, stages of change theory and practice, and similar paths to engagement.	All ACT staff will become proficient in theory and practice of dual diagnosis treatment	10/1/2018	4/1/19	Jinsook Song
2	The Dual Diagnosis specialist on the team will provide ongoing training and consultation to ACT team member's – team meeting time will be used to address case specific issues of engagement and intervention in order to encourage client participation in services	The dual diagnosis specialist will provide on-going training and case specific clinical consultation to the team	10/1/2018	4/1/19	Jinsook Song / Glenn Lawrence
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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR BEHAVIORAL HEALTH

BUREAU OF MENTAL HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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November 16, 2018

Philip Wyzik, CEO
Monadnock Family Services
64 Main Street 2nd Floor
Keene, NH 03431

Dear Mr. Wyzik,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Monadnock Family Services ACT Fidelity Quality Improvement Plan submitted on November 16, 2018 that was in response to the ACT Fidelity Review conducted August 21, 2018 through August 22, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Your quarterly progress report due dates are as follows:

- Quarter 1 Progress Report: Due February 14, 2019
- Quarter 2 Progress Report: Due May 15, 2019
- Quarter 3 Progress Report: Due August 15, 2019
- Quarter 4 Progress Report: Due November11, 2019

Please contact Lauren Quann if you have any questions regarding this correspondence at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

Lauren Quann, MS
Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

LAQ/laq
Enclosures:
CC: Diana Lacey, Julianne Carbin, Kerri Swenson